

## Request for Occupational Health Medical Evaluation

### To be Completed by Supervisor

Employee Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_ 3. SSN \_\_\_\_\_ 4. Job Series/Code \_\_\_\_\_

5. Duty Station \_\_\_\_\_ 6. Section/Dept/Bldg# \_\_\_\_\_ 7. Phone \_\_\_\_\_ 8. Job Title \_\_\_\_\_

- a. Presidio of Monterey \_\_\_\_\_
- b. Naval Postgraduate School \_\_\_\_\_
- c. POM Annex \_\_\_\_\_
- d. Other \_\_\_\_\_

9. Specific Duty Requirements	YES	NO
a. Motor Vehicle License (Special)	_____	_____
b. Respiratory Protection	_____	_____
c. Hearing Conservation	_____	_____
d. Vision Conservation	_____	_____
e. Petroleum Products	_____	_____
f. Solvents/Cleaners	_____	_____
g. Paints	_____	_____
h. Video Display Terminal	_____	_____
i. Hazardous Chemicals	_____	_____
j. Radiation Protection	_____	_____
If yes,	Ionizing _____	Non-ionizing _____
a. Asbestos	_____	_____
If yes,	Current _____	Past _____
a. Metals Exposure	_____	_____
If yes,	Lead _____	Cadmium _____
a. Other Hazards	_____	Other _____

1. Supervisor's Name & Signature \_\_\_\_\_ 11. Phone # \_\_\_\_\_ 12. Organization \_\_\_\_\_

Appointment Part One Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Appointment Part Two Date: \_\_\_\_\_ Time: \_\_\_\_\_

### To Be Completed by Occupational Health

1. Current Additional Required Appointments:
  - a. Occ Health \_\_\_\_\_ b. Hearing \_\_\_\_\_ c. Vision \_\_\_\_\_ d. Spirometry \_\_\_\_\_ e. EKG \_\_\_\_\_
  - f. Immunizations \_\_\_\_\_
1. Medical Evaluation Findings:
  - a. Within Normal Limits \_\_\_\_\_ b. Negative \_\_\_\_\_
  - Comments \_\_\_\_\_
1. Duty Restrictions/Modifications:
  - a. Yes \_\_\_\_\_ b. No \_\_\_\_\_
  - Comments \_\_\_\_\_
1. Additional Comments/Remarks: \_\_\_\_\_

### Privacy Act Statement

**Authority:** 29 CFR, Chapter XVII, Occupational Safety and Health Standards; 5 U.S.C., Section 150; and Executive Orders 11612 and 11807.

**Purposes:** This information is to identify and monitor data relative to each DOD employee who may be exposed to a hazardous workplace or operation.

**Routing Uses:** This information provides potential exposure histories to the Occupational Health Clinic and to Health Care Providers for any given worker.

**Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information:** None, however, nondisclosure may result in untimely provision of proper medical monitoring.